



TEMPORARY STORAGE CONTAINER PERMIT

City of Lakewood
Community Development Department
5050 Clark Avenue, Lakewood 90712
(562) 866-9771, ext. 2341

ADDRESS _____

NAME OF PROPERTY OWNER _____

TELEPHONE: (____) _____ DAY (____) _____ EVENING

ADDRESS TO MAIL REFUND TO:

_____ CITY _____ ZIP _____

EMAIL ADDRESS: _____

NAME OF CONTAINER COMPANY _____

_____ (____) _____
ADDRESS CITY & ZIP CODE PHONE

_____ INSTALLATION DATE _____ REMOVAL DATE _____

NUMBER OF CONTAINERS _____ LOCATION OF CONTAINER(S) ON SITE _____

PROVIDE A BRIEF DESCRIPTION – CONTAINERS MUST BE PLACED ENTIRELY ON YOUR PROPERTY. THEY ARE NOT PERMITTED IN THE PUBLIC RIGHT OF WAY.

REASON FOR INSTALLATION _____

APPLICANT'S SIGNATURE _____

(OFFICE USE ONLY)

DEPOSIT OF \$100.00 RECEIVED ON _____

APPROVED BY _____ DATE _____